PHYSICIANS should state Exact statement of OCCUPA-AD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	28
County April	Registration Dist. No. 104
Village or City 2	No. St., Ward
(I Length of residence in city of town where death occurredyrs,mo:	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME WAY M. 19 Sum	The
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 7 7 103 7
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 22 - 14 14	I last saw have alive on Tone 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 320m.
23 16 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. But the La but	Luturella VIVIZI
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	77/07
kind of work dona, as SPINNER kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
this occupation (month and spant in this occupation	
21411	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Charle N. Valante	
13. NAME Charle N. Volanni	Name of according
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autonsy?
IS. MAIDEN NAME Ella William	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Ella Hulls 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Lasvy un le Brievnes (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Holy 424s Date 8-9-, 1937	Nature of injury.
19. UNDERTAKER Phoesly 15 Phoesly (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED & - 8 - 19 B 7 P. G. Hydon	(Signed) La Alexandra M. D.
Registydr.	(Address) f Asy Liell
If more blanks are needed, didress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 7 1937	July 5,1927	Peritonitis	3 days ago
GUSEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	- 119
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA.

should

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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D. Every item of infor-Exact statement of OCCUPA-PHYSICIANS LY, WITH UNFADING INK-THIS IS A PERMANENT RI stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be TION is very important. -WRITE PLA

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8746
1. PLACE OF DEATH	(52)
County Charles, Co.	Registration Dist. No. /08
Village or City Alughes welly.	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city of town where death occurred yrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Der / Yeg C ?	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
	(Month) (Day) (Seer)
5a. If married, widowed, or divorced HUSBAND of Corp. WIFE	22.) I HEREBY CERTIFY, That I attended deceased from
yer may, fre my	1956, to 200) 193)
6. DATE OF BIRTH (month, day, and year) 21, 1873	I last saw h. 19 aliva on
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated abova, at
6 } // 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware established:
Z 8. Trade, profession, or particular kind of work done as SPINNER	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. SAWYER, BOOKKEEPER, atc. SAWWER, BOOKKEEPER, atc. SAWWILL, BANK, etc. 10. Date deceased last worked at this recursion (month and the same this preparation from	1 pt lesang 1 Jan c 13/
Stadustry or business In which work was dona, as SILK MILL,	A A A
SAW MILL, BANK, etc	Melas (april)
this occupation (month and 1936 spent in this occupation year)	[(Jas 2)
P. O . 1	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E 1,17	
4. BIRTHPLACE (city/or lown) (State or country)	Neme of operation
	What test confirmed diegnosis?
16. BIRTHPLACE (city or town) 1 Many 1	23. If deeth wes due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
- (State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Av Jum fle alleg to	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Mc July Dajo (14) 22,193	Neture of Injury
10 HADESTAVED Klance Me the dele	24. Was disease or injury In any way related to occupation of dacaased?
19. UNDERTAKER Augherite, Mil	If so, specify
20. FILED 8/27 , 193 VEra Chappele	(Signed) Avyland 324 M.D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis DECENTER	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage SEP 8 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			24.0	
	1			

A	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
<i>H</i>	
	V.
1 2	
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RD. Every item of infor-PHYSICIANS should state of OCCUPA. Exact statement -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

STATE OF MAR 1. PLACE OF DEATH	ILAND CENTI	CATE OF	DEATH	8141
County Chao		(82-0)	egistration Dist. No/	108
Village or City Neur Charle	elle Handl		St ve its NAME instead of street	,W
Length of residence in city or town where death occurred_4			gn birth?yrs	
2. FULL NAME Quite Se	ullen IT	Clair		
(a) Residence: No. lelustul	- Place St.,	Ward.		
(Usual place PERSONAL AND STATISTICAL PART)	N. C.		nonresident give city or town	
SEX 4. COLOR OR RACE 5. SINGLE, MAR		OF DEATH	rg 8	, 193
i. If married, widowed, or divorced HUSBANO of		(Mor	nth) (Day)	(Yéai
(or) WIFE of	22.	1	RTIFY, That I atte	
and the second	1879 Hast saw h.		l, to	lan a
AGE Years Months Days	10/	red on the date stated abov	5 a m	(3-/; death is
58 - 11-	1 day,hrs. The PRINCIP	AL CAUSE OF DEATH and	related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	l ormin. were as follo	Kenh	- Al Herry	Oate of
9. Industry or husiness in which				
work was dona, as SILK MILL, SAW MILL, BANK, etc				
this occupation (month and 4/4 3/ spe	time (years) ent in this eupation			
2. BIRTHPLACE (city or town) Atmay (State or country)	Other Contril	butary Causes of importance		
13. NAME Gellet But 14. BIRTHPLACE (city or town) At Many 6	Uler		***************	
14. BIRTHPLACE (city or town) Atmy 6 (State or country)	Name of open		Oate	
15. MAIOEN NAME BALLS Les	./	firmed diagnosis?	Was there	
ADD 18 18	0		OLENCE) fill in also the foll	
16. BIRTHPLACE (city or town) (State or country) Mal	Where did In		Date of injury	, 19_
INFORMANT Zam St. Class (Address)	,	(S _I	ecify city or town, county an STRY, in HOME, or in PUBLI	d State) C PLACE.
BURIAL, CREMATION OR REMOVAL	Manner of in	jury		
Place Styrespho Oate 8/	0/3-7-, 19 Nature of inj			
UNDERTAKER Elmer Bl Sur	1,	se or injury in any way rela	ted to occupation of deceased	1?
D. FILED 87 (8 / 3.7, 19 GILL Brak)	kelian (Signed)	M	Lyul	2 01/1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	Į.	Example II			
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Ses Date of onset		
Arteriosclerosis C	FORIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne	phritis-	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	SEP 8 1937	July 5,1927	Peritonitis	3 days ago		
	RUREAU V. S.			t .		
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones	a separate s	May 1,1923	Gastroenteritis	1 year		
			}			

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8748
1. PLACE OF DEATH	
County Charles	Registration Dist. No. 104
Village or City Tom Kmurlle	
	ND. St., / Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME + Mancis G. S	rette
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH & - 6 - 102 7
T	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	8-1- 19.9) to 8-6 19.37
6. DATE OF BIRTH (month, day, and year) and, 51 36	I last saw h alive on 8 / 3
7. AGE Years Months / Days If LESS than	to have occurred on the date stated above, at 3 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Chiling
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Indestry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and spent in this country in the spent in this	The way was a second
SAW MILL, BANK, atc	
D ID. Date deceased last worked at this occupation (month and spent in this	,
yaar) occupation occupation	Dther Contributary Causes of Importance:
12. BIRTHPLACE (city or town) In fle would	Direct Soundinates of Importance.
(State or country) Md,	
13. NAME RUSSIAN 14. BIRTHPLACE (city or town) Color (State or country)	
14. BIRTHPLACE (city or town) Carl Co.	Nama of oparation
(Otate of country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME FARMER PROPERTY 16. BIRTHPLACE (city or town) Day of the country (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) of might windle	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
p · · · · · · · · · · · · · · · · · · ·	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME or In PUBLIC PLACE

19. UNDERTAKER (Address)

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

V. S. No. 1

m

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Example 1			Example 11				
The principal cause of importance were as	f death and related causes	Date of onset	The principal eause of death and related eauses of importance were as follows:	Date of onset			
Arterioselerosis	CELAFO	1915	Attack of epilepsy	1 week ago			
Chronie interstitiol noph		1921	Run over by street car	1 week ago			
Cerebral hemorrhage	SEP 7 1931	July 5, 1927	Peritonitis	3 days ago			
	RUREAU V. S	1					
Other contributory ea			Other contributory eauses of importance:				
Gallstones		May 1,1923	Gastroenteritis	1 year			

PHYSICIANS should state Exact statement of OCCUPA. RD. Every item of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RI AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. TION is very important.

V. S. No. 1

STATE	F MARYLAND—	CERTIFICATE OF DEATH	,
1. PLACE OF DEATH	1 7		
County	0 //	Registration Dist. No. 10 8	
Village or City	goerelle!	NoSt.,W	ard
Length of residence in city or town where de		death occurred in a horpital or institution, give its NAME instead of street and number) s. How long in U.S. if of foreign birth? yrs, mos.	4.
	Will becarried yis mos	Jas. How long in 0.3.11 of foreign bifting	as.
2. FULL NAME	organs 1	-will	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR ON RACE)	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Truck 13 2	7
Ill cot	ungle	(Month) (Oay) (Year	5-/-
5a. If marriad, widowed, or divorcad HUSBAND of		22. I HEREBY CERTIFY, That I attended deceased	from
(or) WIFE of		ang 13 1931 to ang 13 193	7
6. DATE OF BIRTH (month, day, and year)	Eug 13, 37	liast saw ham and ad any 3/93 7; death is	said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2-3.5 m.	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	7.0
Z 8. Trada, profession, or particular		Stell boom Oate of	iset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL.	none		
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.			
1D. Data deceased last worked at this occupation (month end	11. Total time (years)		
this occupation (month end year)	spent in this		
10/0	whom Me med	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)	grande ma	anguoun	
13. NAME Carro	Slove		
13. NAME 14. BIRTHPLACE (cit for town) (Stoke or country)	Then, Ol.	Nama of operation Data of	
(Stata or country)	pul_	Nama of operation Data of What test confirmed diagnosis? Was there an autopsy?	
E 15. MAIOEN NAME TRAPE	Cackereye Bull	75. If death was dua to external causes (VIDLENCE) fill in also the following:	
15. MAIOEN NAME	he will-	Accident, suicide, or homicide? Date of injury19	
∑ (State or country)	1 mid	Where did injury occur?	
17. INFORMANT Auces	Store	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)	charle ned		
18. BURIAL, CREMATION, OR REMOVAL	G 13 20	Menner of Injury	
Place Cer Neighandle	Date Olig 13, 193	Nature of injury	
19. UNDERTAKER James S	and med	24. Was diseasa or injury in any way related to occupation of deceased? If so, specify	
13/2 9/	901111	(Signed)	v D
20. FILEO \$ 1243 19 CAS	Registrar.	(Address)	n. D.
If more blo		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 3EF 8 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 8750
1. PLACE OF DEATH	(25)
County Charles	Registration Dist. No. 70/
Village or City Marlewry	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME & R. Sment -	alici P & unus.
(a) Residence: No. Marky	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WHITE the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERT 1 FY That I attended deceased from
C DATE OF BIRTH (mostly days of mostly days of most	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 h 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
o kind of work done, as SPINNER, At Language SAWYER, BOOKKEEPER, etc.	Pinting to at bould
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	13 of interest
SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year)	
m	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Parale from 14. BIRTHDLACE (city or town) Charles Cap	
K. 14. BIRTHPLACE (city or town) Le Let Let Let Let Let Let Let Let Let	Name of operation Date of
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) 1 9 (State or country)	Accident, suicide, or homicide? Date of injury, 19
T Th	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TO Marley M. And	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chicamufa Date City 3 / , 1937	Nature of injury
19. UNDERTAKER Plany & Cofer	24. Was disease or injury in any way related to occupation of deceased?
(Address) Mason Springs and	If so, specify
20. FILED Zug 307, 1937 Mary Southerland Registrar.	(Signed) M. D (Address) M. D
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	ii	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8751
1. PLACE OF DEATH	92:03
County County	Registration Dist. No. 104
Village or City but Victoria (IF	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME The News	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw it alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
3-8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 8 Trade profession or particular	Date of onset
kind of work done, as SPINNYR, SAWYER, BOOKKEEPER, etc. A. S. Luborer	mits aldrauficum
kind of work done, as SPINNR, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MIIL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and this programment in this securation (month and security of the securit	
SAW MILL, BANK, etc	
O 10. Date deceased lest worked at this occupation (month and year)	,
90 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
¥ 8 0 1	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E SIGN T	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
4 11 51 0	(Specify city or town, county and State)
17. INFORMANT AND WE SHARE (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DE REMOVAL	Manner of injury
Place Shill Date 8 7 - 1937	Nature of injury
19. UNDERTAKER STOR DUSTING	24. Wes disease or Injury In any way related to occupation of deceased?
(Address) Paypide	If so, specify
20. FILED 8 -5 -, 1937 / J. K. Hagoland Registrar.	(Signed) (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		ortificato	0 30	Joseph wo	and inches of inch	MION : more immediately of contification
of OCCUPA-	. Exact statement	properly classified	pe 1	lat it may	n terms, so th	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
should state	LY. PHYSICIANS	stated EXACT	pe	E should	supplied. A(mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
tem of infor-	NT RECORD, Every	IS A PERMANE	HIS	INK-T	UNFADING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

TION is very important.

N. B.

STATE OF	MARYL	AND-CERT	IFICATE	OF	DEATH
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6	1.4	Įm-	()
9	1	5	52

1. PLACE OF DEATH	(12)
County Calvarles	Registration Dist. No.
Village or City Buyustown	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	deain occurred in a nospital of institution, give its NAMIE instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2 FIRE NAME Planes Ediese O Vice	Letalow. S. Veteran, specify WAR
(a) Residence: No. Perstustioner	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Spith) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	9
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decasas from
6. DATE OF BIRTH (month, day, and year) Feb 14-1889	Wast saw h. regalive on Asiel 15 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 C. m.
48 7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
Trada profession or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Mulmonary
Andustry or business in which work was done, as SILK MILL,	F P P.
SAW MILL, BANK, etc	Jururellows
this occupation (month and 1911 spent In this year)	
Breguetare	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). All full force (State or country)	
13. NAME ARME & Try Merrold	
13. NAME for E. My Mengle 14. BIPPHPLACE (city or town) - Change of the Control o	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 2. Sextrule Havilaces	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME To Sentimelle Theories of State of Country)	Accident, suicida, or homicide?
State or country) (quantity	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT & G. Walleyall	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Any atthewards	
18. BURIAL, CREMATION, OB REMOVAL Place ACCIDENCE COLOR Date COLOR 16. 1937	Manner of injury
hi et and	Nature of injury
19. UNDERTAKER ACCURACY Pleyar	24. Was disease or injury in any way related to occupation of deceased?
(Address) walker July	If so, specify All Laws M. D.
20. FILED 8/16/37, 196 Por Staffeling Registrar.	(Signad) (Address) A ALSALA Ph. M.C.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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